

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000054768

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: BEATRIZ M. COSCULLUELA, CPA, P.A.

## Current Principal Place of Business:

1650 CORAL WAY  
SUITE 300  
MIAMI, FL 33145

## New Principal Place of Business:

7456 SW 48 STREET  
MIAMI, FL 33155

## Current Mailing Address:

1650 CORAL WAY  
SUITE 300  
MIAMI, FL 33145

## New Mailing Address:

7456 SW 48 STREET  
MIAMI, FL 33155

FEI Number: 26-0161523

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COSCULLUELA, BEATRIZ M  
1650 CORAL WAY, SUITE 300  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

COSCULLUELA, BEATRIZ M  
7456 SW 48 STREET  
MIAMI, FL 33155 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVPS ( ) Delete  
Name: COSCULLUELA, BEATRIZ M  
Address: 1650 CORAL WAY, SUITE 300  
City-St-Zip: MIAMI, FL 33145

Title: T ( ) Delete  
Name: COSCULLUELA, BEATRIZ M  
Address: 1650 CORAL WAY, SUITE 300  
City-St-Zip: MIAMI, FL 33145

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPS (X) Change ( ) Addition  
Name: COSCULLUELA, BEATRIZ M  
Address: 7456 SW 48 STREET  
City-St-Zip: MIAMI, FL 33155

Title: T (X) Change ( ) Addition  
Name: COSCULLUELA, BEATRIZ M  
Address: 7456 SW 48 STREET  
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEATRIZ M. COSCULLUELA

PVPS

03/17/2009

Electronic Signature of Signing Officer or Director

Date